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ABSTRACT

Years of categorical funding have led to fragmented service delivery systems related to children and families. States have had to devise mechanisms to coordinate the variety of funding streams which finance the array of children's programs. Creation of a single focal point for children's policy at the national level is recommended. Attempts to consolidate oversight and administration of programs related to children have resulted in the creation of the Administration for Children and Families (ACF), but some children's programs are administered outside of ACF. In addition, an array of Congressional committees has oversight over children's programs. There is no system in place to coordinate program policy or research funding. State efforts to overcome the lack of coordination include Maryland's Children's Cabinet and Indiana's Step Ahead Panel. The mission of the Federal Interagency Coordinating Council (FICC), which was formally established to coordinate federal programs and policies for children with disabilities, could be modified to consider policies and programs related to all children and families. Membership of the FICC could be expanded to include the business community and private foundations, and the expanded FICC could report to a newly created Office for Children in the White House. The FICC could be charged with drafting a National Policy for Children. Broadening the focus of the FICC would provide an opportunity for children and families to benefit from true interagency collaboration at the federal level for all child and family services. (JDD)

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Georgetown University Child Development Center
Center for Child Health and Mental Health Policy

POLICY PAPER

NATIONAL POLICY ON CHILDREN AND FAMILIES

by
Pamela Coughlin and Deborah Perry

Much has been said lately of the importance of strengthening and supporting children and families in the United States. Politicians and policy makers at federal, state and local levels stress the need for coordination of policies related to children and families. At present, there is no national policy related to children and families. Years of categorical funding have led to fragmented service delivery systems. While states have had to devise mechanisms to coordinate the variety of funding streams which finance the current array of children's programs, the federal government has not yet met this challenge. We are recommending an option which would address this problem: our proposal would create a single focal point for children's policy at the national level.

Renewed interest in the concept of *services integration* has occurred across human service systems. The National Center for Children in Poverty chronicled the attempts at coordinating social, educational and health services in the paper "Integrating Services Integration: An Overview of Initiatives, Issues, and Possibilities" (September 1992). It cites several federal initiatives which have made progress in coordinating services for children and families, including the amendments to the Maternal and Child Health Block Grant in OBRA 1989, Child and Adolescent Service System Project (CASSP) and the Infants and Toddlers with Disabilities program (Part H) under the Individuals with Disabilities Education Act (IDEA). Other similar projects have been funded by foundations, for example, Robert Wood Johnson, Annie E. Casey Foundation and the Pew Charitable Trusts.

The National Commission on Children, recently disbanded, was a bipartisan attempt to address the needs of our children and families. It was established by P.L. 100-203 "to serve as a forum on behalf of the children of the Nation." In a final report, Beyond Rhetoric: A New American Agenda for Children and Families (1991), the Commission recommended bringing cohesion to a fragmented system.

It stated:

> "...the majority of federal, state and local funds directed to children support categorical programs. Categorical programs typically address specialized needs with narrowly defined services. This specialization often discourages service providers from looking broadly at a child's general health and well-being or working together to meet their multiple needs"
> (p. 79-80).

The National Commission on Children recommended that there be changes in the manner in which programs for children and families were administered and funded at the federal level including: "greater coordination of child and family policies across the executive branch; and the creation of a joint congressional committee on children and families to promote greater coordination and collaboration across the authorizing and appropriating committees...." (p. 81).

A Fragmented Federal System

Many federally legislated programs for children and families have a core set of principles in common: programs should be community-based, family-centered and culturally appropriate. For example, the OBRA 1989 amendments to the Maternal and Child Health Block Grant (Title V) strengthened their mandate to provide leadership (at the federal and state level) to facilitate the development of service delivery systems that are family-centered and coordinated. Head Start has a long history of parent involvement, cultural sensitivity and community input. Part H and CASSP also share these principles. Having common principles is an important first step in formulating a national policy on children and families; however these principles do not alter the categorical funding and administration of these programs.

At present, there are over twenty-eight offices in the federal government that administer programs for children and families. Many of these programs are housed within the Department of Health and Human Services (DHHS). Recent and repeated attempts to consolidate oversight and administration of programs related to children have resulted in the creation of the Administration for Children and Families (ACF) within DHHS. However, other children' programs are administered outside of ACF within DHHS. For example, the Maternal and Child Block Grant and the CASSP program are both administered with the Public Health Service. Children's programs are also administered by the Department of Education, the Department of Justice, the Department of Defense, the Department of Housing and Urban Development, and others. All of the efforts to date have created neither coordinated policies nor programs for children and families in this country.

The system of congressional organization adds to the lack of a coordinated effort for supporting families with children. An array of committees have oversight over children's programs. (See Table 1.) The committees do not speak with one voice nor do they represent the same constituency groups. Often, legislation creates a new program which meets the needs of a particular population of children and families; for example, S. 923 was recently introduced in the Senate. This legislation would create a comprehensive program to address the national problem of Fetal Alcohol Syndrome by amending the Public Health Services Act. As with many other pieces of legislation, it will legislate a task force to encourage coordination across federal agencies which may fund activities in this area. While we all recognize the merit of an increased focus on this population, it should occur within a framework which looks at the multiple needs of a family coping with alcohol dependence.

Until recently, there was a Select Committee on Children, Youth and Families. This committee's mission was to coordinate legislative initiatives on behalf of children and families across the different authorizing and appropriations committees. Unfortunately, the

TABLE 1
CONGRESSIONAL COMMITTEES IMPORTANT TO CHILDREN

HOUSE OF REPRESENTATIVES

Ways and Means

- Children's refundable tax credit
- Child support assurance
- Family preservation/child welfare reform
- Aid to Families with Dependent Children
- National Health Insurance
- Funding for programs that need to be converted into programs which guarantee that all eligible children receive benefits ("entitlements")

Education and Labor

- Head Start
- Child Care
- Chapter I
- WIC
- School breakfast and lunch

Energy and Commerce

- National health insurance
- Medicaid expansions
- Community and migrant health centers
- National Health Service Corps

Budget

- Determines how much of the federal budget will be allocated to cover the costs of programs: provides instructions to other committees

Appropriations

- Decides the annual funding for each program which benefits children

Banking, Finance & Urban Affairs

- Public housing programs
- Section 8 housing voucher programs

Agriculture, Nutrition & Forestry

- WIC
- School lunch and breakfast programs
- Food stamps

SENATE

Finance

- Title V
- Refundable children's tax credit
- Child support assurance
- Family preservation/child welfare reform
- National health insurance
- Medicaid expansions
- Aid to families with dependent children
- Entitlement programs

Labor and Human Resources

- Head Start
- Child Care
- JTPA

Appropriations

- Decides the annual funding for each program which benefits children

Budget

- Determines how much of the federal budget will be allocated to cover the costs programs

Select Committee on Children, Youth and Families was not reauthorized this spring.

Confusing Rules and Regulations

There is no system in place to coordinate program policy for children and families in the United States. Each agency issues regulations for programs under its legislative authority. The regulations and policies from one office within the federal government are not coordinated with programs and policies in another agency. The definitions used for diagnosing young children with disabilities are a good example of a lack of consistent federal policy. In the past, the definitions used by Head Start were different from those required by the Department of Education for the same age children, and, as a result, there was confusion over who qualified for specialized support services. DHHS recently issued policy guidance to Head Start grantees which encouraged coordination with local education agencies. However, there are still instances where a child could be considered "disabled" for the purposes of the Head Start program, but not be eligible for preschool special education under federal education statute and regulations. These differing eligibility criteria create a lack of consistency at the program level, where the children and families interact with teachers and administrators and can be confusing for them.

No Research Agenda

A variety of federal agencies fund research on programs for children and families. Often agency funding priorities overlap, creating duplication of effort on some topics while other important research areas are neglected. There is no national research agenda for children and families. There is no central clearinghouse describing which research projects have been funded, what the federal priorities are, nor is there a consistent plan for what should be funded. There is no coordinated dissemination of the findings of the research that has cost the taxpayers millions of dollars a year. There are literally dozens of clearinghouses covering numerous topics that have no mechanisms in place to coordinate their efforts. There is no centralized information on training and technical assistance or innovative projects. In addition, there is no systematic mechanism for research and evaluation findings to influence policy and practice at the federal, state or local level.

What is needed is a mechanism for the federal government to promote a coordinated policy related to children and families in this country. The programs legislated by Congress must compliment the existing array of services; the programs which are already authorized and funded by federal money, but administered by several different agencies, need to have eligibility criteria which create a system of care for children and families.

The lack of coordination at the federal level has led to the need for states and communities to become creative in designing programs for children and families. States need to reach out to the private sector, professional organizations (such as the American Academy of Pediatrics), and coordinate with voluntary agencies to accomplish true integration of all available services. We will briefly describe two state initiatives as examples of innovative strategies to coordinate children's policy.

State Efforts at Coordinating Children's Policy

Many states have undertaken efforts to promote coordinated services for children and families. The National Governors' Association conducted a survey recently of state level efforts at coordination of programs and policies for children and families. Their report should be published shortly. Some states have used the first of the Educational Goals for (3) the Year 2000, school readiness, as a guiding principle for their coordination efforts. Others have broadened initiatives designed to coordinate services for young children with disabilities to include services for all children and families, for example, North Dakota. A number of states have created a Children's Cabinet or Children's Commission, West Virginia and Pennsylvania respectively. Others have taken part in the Children and Families Policy Academy, a two-year competitive process with the Council of Governors' Policy Advisors. Colorado and Ohio are two examples of states in which the strategic plan (developed by an interagency team who participated in the Policy Academy) has been used to launch a statewide initiative related to better the coordination of programs and policies for children and families.

A brief description will follow of two state efforts to overcome the lack of coordination at the federal level and to implement some of the suggestions of the National Commission on Children.

Maryland's Children's Cabinet

> Mission: "to promote a stable, safe, healthy environment for children and families, thereby increasing self-sufficiency and family preservation. This requires a comprehensive, coordinated interagency approach to provide a continuum of care that is family-oriented and emphasizes prevention, early intervention, and community-based services." (1991 Report of the Maryland Subcabinet for Children, Youth and Families, p. 3.)

In May 1989, Governor Schafer appointed a Special Secretary for Children, Youth and Families. Through Executive Order 01.01.1989.12, the governor established a subcabinet for Children, Youth and Families; chaired by the Special Secretary, the members included the Secretary of Health and Mental Hygiene, the Secretary of Human Resources, the State Superintendent of Schools, the Secretary of Juvenile Services, the Secretary of Budget and Fiscal Planning and the Director of the Office of Handicapped Services. (See Table 3.) The subcabinet also included 13 committees with public and private sector representation. They developed recommendations, and are now in the implementation stage. Some examples of the recommendations are: interagency planning, budgeting and monitoring, flexible funding and improvement in the Local Coordinating Council/State Coordinating Council (LCC/SCC) process.

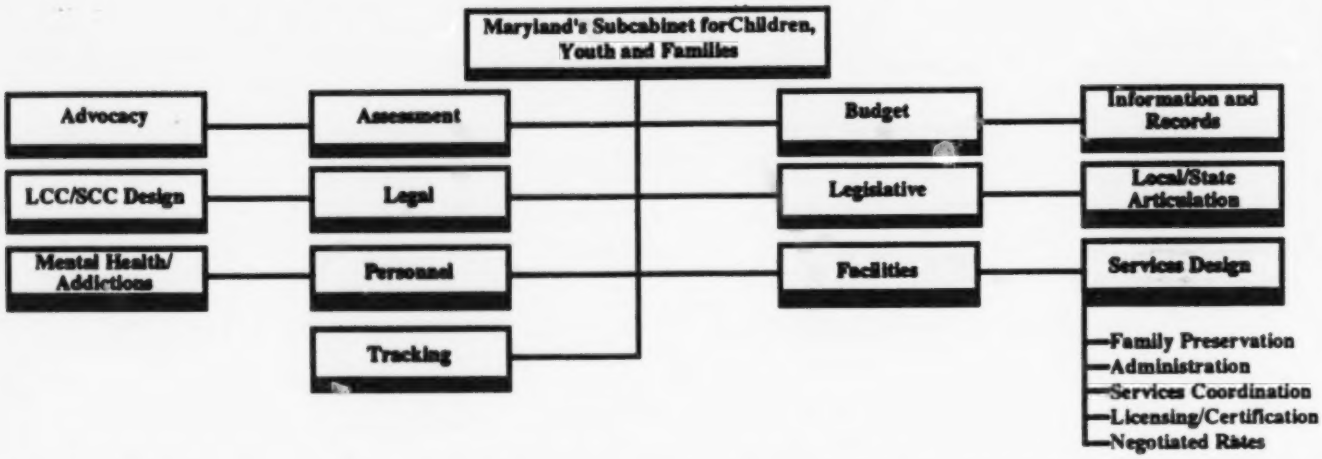
One of the 13 committees was the Services Design Committee, which considered the establishment of a single department to focus on children, but in the end recommended that the Governor's Office for Children and Youth be responsible for oversight, coordination and planning authority over the department which administers programs for children and families across the state agencies. This office would guide state policy and programming through mechanisms like "cross-agency budgeting" and would prepare a Children's Budget for the governor, showing all expenditures across agencies. It could also recommend areas for study in program consolidation, identify areas of program overlap, duplication and gaps. (Ibid., p. 5-7.)

The recommendations of the committee charged to study Local/State Articulation included: maintaining the maximum flexibility possible to local agencies, supporting decision-making authority at the community level where the child is served; "the empowerment" of the LCC/SCC system was seen as critical to the success of collaboration.

Indiana: Step Ahead

> "Mission: to provide a statewide, comprehensive, seamless service delivery system to children birth to thirteen ... ensuring its accessibility, affordability, and quality. To develop incentives and resources for the development of collaborative service

TABLE 2
MARYLAND'S SUBCABINET FOR CHILDREN, YOUTH AND FAMILIES



networks that will increase efficiency and diminish redundancy and eliminate gaps in service." (unpublished state materials)

Step Ahead is a "process that facilitates the development of a county-wide service delivery system." This process is operationalized through a series of interagency, public/private partnerships established at the state and local level. There is broad representation of all key-stakeholders in children's services including: providers, consumers, the business community, state and local public agencies. What results is a model of inter-related state and local interagency planning groups.

KEY PRINCIPLES

- Family Centered
- All That Benefit, Invest
- Parents are a Child's Most Important Teacher
- Systems Should Engage Person to Person
- Seamless Continuum of Care
- Diverse Options

The *Step Ahead Panel* is a statewide, public and private sector group appointed by the Governor. It includes six representatives of state agencies which administer children's programs, five private sector representatives and four early childhood specialists appointed by the State Superintendent of Public Instruction. There is also a State Advisory Council comprised of private and nonprofit providers and consumers.

The third working group is the "Kitchen Cabinet," a variety of interdepartmental state agency representatives which meets monthly with county personnel. There are several topic tables where state program staff are available to answer questions regarding conflicting policies or regulations. Representatives from four local coordinating councils rotate through each of the tables and receive guidance and technical assistance on issues they have identified through a county needs assessment. The topic tables include: health, mental health, family support and "educare" (education and child care issues).

The *Step Ahead* process was developed shortly after the initiation of First Steps; First Steps was Indiana's response to the federal Infants and Toddlers with Disabilities program (Part H) under the Individuals with Disabilities Education Act (IDEA). *Step Ahead* incorporates many of the same principles and language as Part H. In addition, *Step Ahead* was funded primarily through the state's Child Care Development Block Grant award. Thus, a variety of federal initiatives were leveraged to create a new effort to meet the needs of the children and families in Indiana. Finally, a mega-agency, the Family and Social Services Administration, was created in Indiana to support the coordination of services provided by the state government.

Other efforts are currently underway to create a collaborative state plan, which will consolidate 40-50 federal and related state programs for children, youth and families. A Policy Council chaired by the governor will serve as the leadership body for Indiana's Collaboration Project. Three principal issue areas have been targeted as priorities: Care Coordination, Family Information Systems and Services for Children with Emotional Disabilities. Support will also be provided to local staff and families to assist them in implementing the collaborative system of care.

A Federal Opportunity: FICC

States are often leaders in developing innovative policies and practices. Our earlier discussion of states' efforts to develop a systematic set of policies for children and families points to several mechanisms to coordinate across legislative, program and bureaucratic lines. The federal government can adopt a strategy which is similar to that of Maryland and Indiana. It could form a coordinating committee to address the needs of children and families in this country. In IDEA a council is already authorized which could be adapted to meet this need: the Federal Interagency Coordinating Council (FICC).

Origins of the FICC

There is an interesting history to the origins of the FICC. In the early 1970s when Head Start was first mandated by the U.S. Congress to mainstream children with disabilities, it reached out to other federal agencies that had some experience in this area. The first collaboration was between the Handicapped Children's Early Education Projects, funded by the Office of Education, Office of Special Education and Rehabilitative Services and it quickly grew to include the Maternal and Child Health Bureau and the Administration on Developmental

Disabilities. The meetings were informal and information was openly exchanged. For years the group met, not because members were told to, but because it was of mutual benefit to all that attended. Soon the informal group became more formal, and an interagency agreement was developed. The agreement allowed for the transfer of funds from one agency to another, so projects could be funded jointly when appropriate. It also let the field know that the federal agencies were sharing program announcements, regulations, definitions and research agendas.

Current Functions

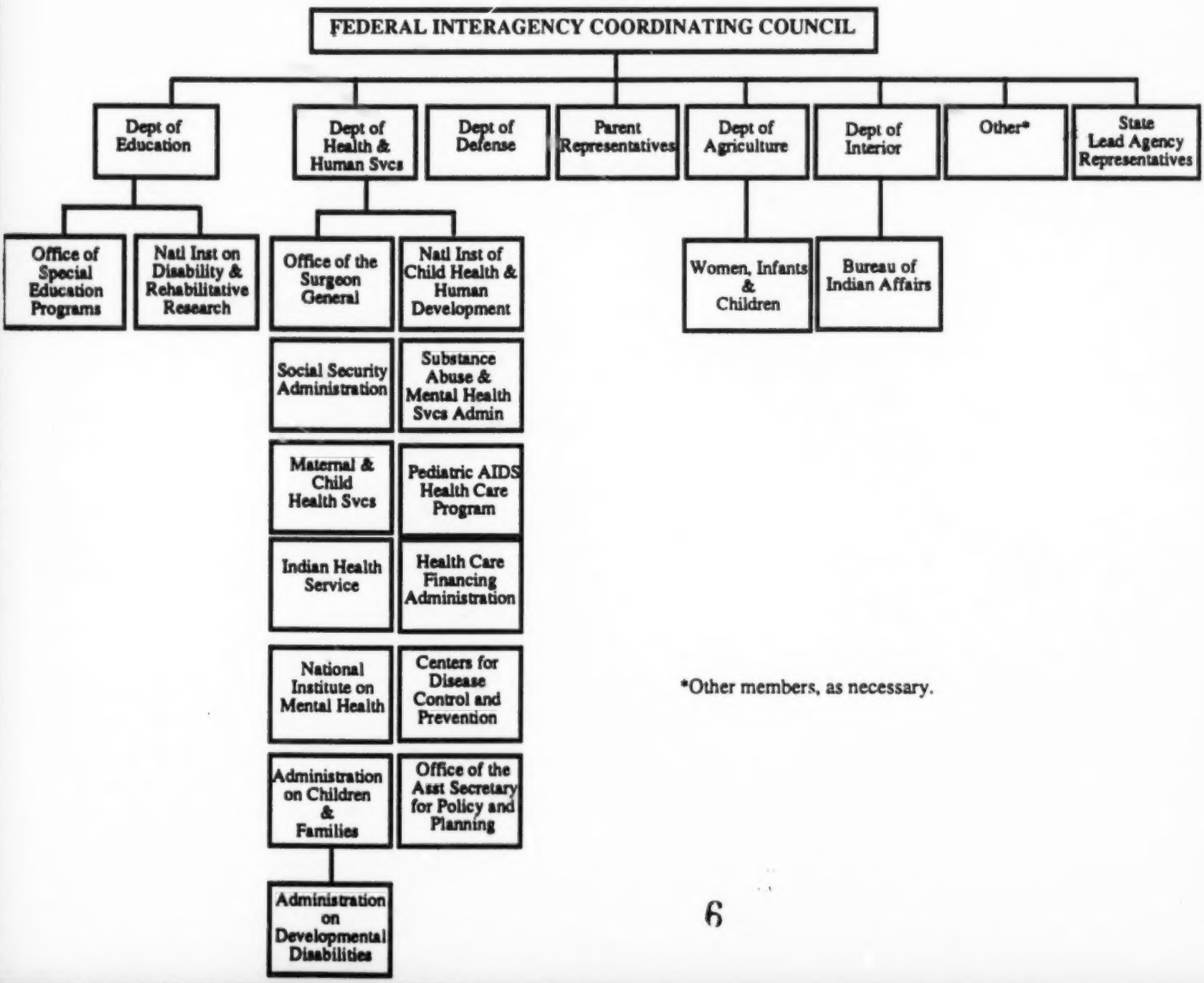
The current FICC is an outgrowth of those early meetings. The 1991 amendments to the IDEA (P.L. 102-119) codified the existence of the Federal Interagency Coordinating Council, specifying both its membership and functions. The statute states that FICC is necessary to:

"(A) minimize duplication of programs and activities for children with disabilities across Federal, State and local agencies;
(B) ensure the effective coordination of Federal programs and policies across agencies;
(C) coordinate the provision of Federal technical assistance and support activities to states;
(D) identify gaps in agency programs and services; and
(E) identify barriers to Federal interagency cooperation and program operations." (Section 1484(a)(1))

The membership of the council spans multiple agencies including the Department of Education, Health and Human Services, Agriculture, and Department of Defense and a range of program divisions. It also requires participation of family members and representatives from state agencies. Table 3 depicts the members, as described in Section 1484 (b)(1-21).

The functions of the FICC include analyzing relevant federal programs to "determine areas of conflict, overlap, duplication, or inappropriate omission" and to "develop and recommend strategies to address [these] issues", to develop and recommend joint policy memoranda concerning effective interagency collaboration, including modification of regulations, and to eliminate areas of conflict. (Section 1484(d)(1-5)

TABLE 3


FEDERAL INTERAGENCY COORDINATING COUNCIL
Dept of Education
Dept of Health & Human Svcs
Dept of Defense
Parent Representatives
Dept of Agriculture
Dept of Interior
Other*
State Lead Agency Representatives
Office of Special Education Programs
Natl Inst on Disability & Rehabilitative Research
Office of the Surgeon General
Natl Inst of Child Health & Human Development
Social Security Administration
Substance Abuse & Mental Health Svcs Admin
Maternal & Child Health Svcs
Pediatric AIDS Health Care Program
Indian Health Service
Health Care Financing Administration
National Institute on Mental Health
Centers for Disease Control and Prevention
Administration on Children & Families
Office of the Asst Secretary for Policy and Planning
Administration on Developmental Disabilities
Women, Infants & Children
Bureau of Indian Affairs

*Other members, as necessary.

Broadening the Mission of the FICC

The current FICC mission, membership and functions could be modified to consider policies and programs related to ALL children and families. One of the key principles of IDEA is that children with disabilities receive services in the least restrictive environment; that to the maximum extent possible, children with disabilities be served in the same school or day care center that they would attend were they not disabled. This principle of "inclusion" is of critical importance to maintaining the family's decision making and the community-based focus of IDEA. Broadening the focus of the FICC would provide an opportunity for children and families (regardless of age or special need) to benefit from true interagency collaboration at the federal level for all child and family services. The FICC could include subcommittees/task forces on particular special populations, such as children with disabilities, children and families who are homeless, or families with alcohol dependence.

Expanding Membership

The membership of the FICC could also be broadened. Currently, the key members of the FICC are public agency representatives appointed by the President. If the Council were to look at policies for all children, additional representation should be added. Family members are included on the current FICC, however, there are no representatives of the private sector. The business community and private foundations should be included as key stakeholders in developing private-public partnerships for programs for children and families.

The current statutory authority for the FICC does not specify who will chair the Council, only that the Secretary of Education will appoint a chairperson "in consultation with other appropriate Federal agencies." (Section 1484a(a)(2)) A rotating chairperson would strengthen the interagency functioning of the Council. Each year, an assistant secretary from a key office administering child and family programs would serve as the chair. In addition, the Council should be co-chaired by one of the family representatives to assure a family focus.

If the current FICC were modified to coordinate policies for all children and families, a natural place for it to be housed would be within the Secretary of Education's office. No statutory change would be required for this to occur. This location would give the FICC the stature it needs to serve as the focal point for child and family policy in this country. It would also enhance collaboration across agencies and could encourage work, through the State Department, on international children's issues.

White House Oversight

The expanded FICC could report to a newly created Office for Children in the White House. Having such an office in the White House sends a clear message that our children and families are of the **highest priority.** The President would have the ability to issue Executive Orders that may be needed to change conflicting statues or regulations with ease. The White House Office for Children could be created without new legislation and without a new expenditure of federal dollars, by redesigning the duties of the current domestic policy staff. The White House Office for Children also needs to have a formal link with Congress. If the Select Committee on Children, Youth and Families is not reauthorized in the future, perhaps several key senators and representatives would serve as members of the FICC.

If the FICC were expanded, there would be one voice on policy for children. The FICC could be charged with drafting a National Policy for Children. There would then be a single place for citizens to give their input. The Council could serve as a forum for discussions of how National Health Care Reform and Welfare Reform will impact children and families. Barriers to state and local efforts at coordination could be identified and ameliorated. Better consistency could develop across federal agencies in eligibility criteria and program goals. There would be great potential for cost savings through the elimination of duplicative activities, as well as the possibility of decreasing the bureaucratic red-tape which states are subject to under the current system of categorical funding for children's services.

The federal government needs to lead by example, and creating a single focal point on policies related to children and families would serve as a model for states and local systems. If we are to create a permanent system of services to meet the diverse needs of all children and families, we must be willing to critically examine our complimentary roles. The roles and responsibilities of the federal and state governments may have to be redesigned. The private sector and voluntary agencies need to become active participants in systems reform. The network of families - who have already become empowered as partners in policymaking - must be recognized as equal members. Only together can we accomplish true integration of services for our children and families.

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